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			•						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		TOR ATTOR		RNEY DOCKET NO.		FIRMATION NO.	
10/538,905 06/14/2005			H Bernhard Pogge		FIS920020139US1			5819		
FITLE OF INVENTION	: THREE-DIMENSION	AL DEVICE FABRICA	TION METHOD		02/20/20	198 AW	DNDAF2 00000003 6	190458	10538905	
					01 FC:15 02 FC:15		1440.00 DA 300.00 DA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740 04/15/2008		04/15/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
GRAYBILL, DAVID E 2822			438-109000							
CFR 1.363).  Change of correspond CFR 1.363).  Change of correspond CFR 1.363	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a									
PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address 2 or more recent) attach	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	or typ	e)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
International Business Machines Corporation Armonk, NY										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government										
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Publication Fee (N	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0458 (enclose an extra copy of this form).									
	tus (from status indicated s SMALL ENTITY state		☐ b. Applicant is no	long	er claiming SMAL	L ENT	TTY status. See 37 CI	FR 1.27	(g)(2).	
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